

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/21/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155375		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/04/2011	
NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-PETERSBURG				STREET ADDRESS, CITY, STATE, ZIP CODE 309 W PIKE AVE PETERSBURG, IN47567			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 2/14/11.</p> <p>Survey Date: April 4, 2011</p> <p>Facility Number: 000033 Provider Number: 155375 AIM Number: 100266280</p> <p>Survey Team: Martha Saull, RN Carole McDaniel, RN Terri Walters, RN Liz Harper, RN</p> <p>Census Bed Type: SNF/NF: 54 Total: 54</p> <p>Census Payor Type: Medicare: 2 Medicaid: 46 Other: 6 Total: 54</p> <p>Sample: 10</p> <p>Golden Living Center-Petersburg was found to be in substantial compliance with 42 CFR Part 483 Subpart B in regard to the PSR to the Recertification and State Licensure Survey. This deficiency also reflects state findings</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	cited in accordance with 410 IAC 16.2.  Quality review 4/05/11 by Suzanne Williams, RN						

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F0363 SS=A	<p>Based on observation, interview and record review, the facility failed to ensure menus were followed for concentrated carbohydrate diets for 3 of 6 residents reviewed for menu accuracy in a sample of 10. Resident #1, Resident #2, Resident #3</p> <p>Findings included:</p> <p>On 4/04/11 at 11:50 A.M. the noon meal was observed to be served in the ACU (Alzheimer's Care Unit.) CNA# 1 identified three residents who were diabetics. The three identified Residents, #1, #2, and #3, were each identified and observed to be served and ate the same dessert as the residents on regular diets, which was a scoop of ice cream and a cookie and the same meatloaf portion with meat loaf sauce.</p> <p>The facility spread sheet for the noon meal indicated residents on Con-CHO (Controlled Carbohydrate) diets were menued to have pineapple for dessert and no meatloaf sauce. The facility spread sheet was reviewed on 4/4/11 at 12:40 P.M.</p> <p>The clinical records of each of the three residents were reviewed on 4/04/11 between 12:15 P.M. and 12:30 P.M. Resident #2 had diagnoses including, but</p>			F0363	<p><b>The corrective actions accomplished for those residents found to have been affected by the deficient practice are as follows:</b></p> <p>On April 5, 2011 received new diet orders from physicians for residents #1, #2, #3 to receive regular desserts. A facility wide audit was completed April 5, 2011 on all Con-Cho diet orders to ensure facility was following the diet orders. No other deficiencies were found.</p> <p><b>Other residents having the potential to be affected by the same deficient practice will be identified and corrective actions taken are as follows:</b></p> <p>In-Service was completed 3/3/11 to all cooks and diet aides on following menus and spreadsheets as written, specific to portion control and therapeutics diets. The DSM will monitor daily (at least 5 times per week for 4 weeks) the tray line for therapeutic diet compliance and following spreadsheets to the written menu. The DSM will check tray tickets daily for completeness. The Registered Dietitian during visits will monitor for menu/spreadsheet compliance. <b>In addition to the previous POC:</b> Any new admission or change in resident diet orders on Con-Cho diets will be reviewed in Clinical Start up daily to ensure we are meet the nutritional needs of the resident. All residents physician</p>		04/05/2011

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	<p>not limited to, "Diabetes without complicated Type II instability not stated uncontrolled" and a physician order dated 2/4/11 for a regular diet with Con-CHO dessert.</p> <p>Resident #1 had diagnoses including, but not limited to, "Diabetes without complication. Type I JUV (juvenile) not stated uncontrolled" and a physician order dated 2/4/11 for a regular diet with Con-CHO dessert.</p> <p>Resident #3 had diagnoses including, but not limited to, "Diabetes without complicated Type II instability not stated uncontrolled" and a physician order on 3/10/11 for regular diet with Con-CHO dessert.</p> <p>On 4/4/11 at 12:50 P.M., the ACU Director and Charge Nurse LPN #1 were interviewed, and indicated residents who had diabetes on the unit were to be served the same dessert in a smaller portion.</p> <p>On 4/4/11 at 1:00 P.M. the Food Service Manager indicated, when informed of the problem, the residents were to have received pineapple and she had noted three extra pineapple desserts in the kitchen and thought the kitchen staff who were serving "did not realize."</p>				<p>ordered diet orders will be reviewed weekly by the Dietary Service Manager from computer generated report and compared to dietary tray tickets.</p> <p><b>What measures will be put into place and the systemic changes made to ensure that this deficient practice does not recur are as follows:</b></p> <p>The Dietary Service Manager will monitor daily (at least 5 times per week for 4 weeks) the tray line for therapeutic diet compliance and following spreadsheets to the written menu. The DSM will check tray tickets daily for completeness. The Registered Dietitian during visits will monitor for menu-spreadsheet compliance. <b>In addition to the previous POC:</b> Any new admission or change in resident diet orders on Con-Cho diets will be reviewed in Clinical Start up daily to ensure we are meeting the nutritional needs of the resident. All Residents physician ordered diet orders will be reviewed weekly by the Dietary Services Manager from computer generated report and compared to dietary tray tickets. The Dietary Services Manager or designee will monitor 5 times weekly for 4 weeks for therapeutic diet compliance. Following 4 weeks, the Dietary Designee will monitor 3 times weekly for an additional 4 weeks for therapeutic diet compliance. The</p>		

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	<p>This federal deficiency was cited on 2/14/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-20(i)(4)</p>				<p>DSM will review the therapeutic diets for the menu with the dining staff at the daily production meetings. The DSM will in-service dining staff at least bi-annually on therapeutic diets.</p> <p><b>How will these corrective actions be monitored to ensure the deficient practice does not recur:</b></p> <p>The DSM will monitor daily (at least 5 times weekly for 4 weeks) the tray line for therapeutic diet compliance and following spreadsheets to the written menu. The DSM will check tray tickets daily for completeness. The Registered Dietitian during visits will monitor for menu-spreadsheet compliance. The Dietary Services Manager will report trends of deficient practice to QAA Committee on a monthly basis for continued recommendations and resolutions for 3 months then quarterly times two.</p> <p><b>In addition to the previous POC:</b> Any new admission or change in resident diet orders on Con-Cho diets will be reviewed in Clinical Start up daily to ensure we are meeting the nutritional needs of the resident. All residents physician ordered diet orders will be reviewed weekly by the DSM from computer generated report and compared to dietary tray tickets. The Dietary Services Manager or designee will monitor 5 times weekly for 4 weeks for therapeutic diet compliance.</p>		

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					Following 4 weeks, the DSM/designee will monitor 3 times weekly for an additional 4 weeks for therapeutic diet compliance. The DSM/designee will review the therapeutic diets for the menu with the dining staff at the daily production meetings. The DSM/designee will in-service dining staff at least bi-annually on therapeutic diets.  This will be reviewed to QA&A committee on a monthly basis for continued monitoring for three months then quarterly times two.		